



Present
CHALLENGER
SOCCER



2004 Registration Information
Don't miss out on all the Action!!!

Challenger Soccer

A program for kids with special needs

REGISTRATION: You can register in person or by mail! **If mailed, the entry fee must accompany the registration form.** For additional information, please call 764-3424.

In Mail / In Person: Central Park Office
1000 Krenak Tap Rd.
College Station, TX 77840

Registration will be accepted: August 30 – September 10, 2004
8:00 a.m. – 5:00 PM weekdays
Night Registration Sept. 7 & 8, 5-7 PM

FEE: \$5.00 for each child. Full scholarships are available.

GRADE: Kindergarten -12th grade

SEASON: 7 Sundays (September 19, 26, October 3, 10, 17, 24, 31) from 4:00 PM – 5:30 PM
3 Tuesdays (September 21, 28, October 5) from 6:00 PM – 7:30 PM
Rain out dates if needed (Sundays, November 7, 14 and 21) from 4:00 PM - 5:30 PM
This is your schedule so please keep this information

LOCATION: Veterans Park Soccer Fields (3101 Harvey Road, College Station, TX 77845)

**LEAGUE
FORMAT:** Format of the league will be tailored to the needs of the individuals. We will have activities to develop skills & advance towards games. **Wheelchairs, walkers, and crutches are welcome.**

UNIFORMS: T-shirts are provided for all participants.

**SPECIAL
REQUESTS:** Please let us know of any special request that you have by indicating it on the attached registration form.

**HOW/WHEN
WILL YOU BE
CONTACTED:** A program representative will be in contact with you after registration is complete to give more information about practice and times. If you have not been contacted by Sept. 17, call the parks office at 764-3424.

**IF YOU HAVE
QUESTIONS:** A program representative will be available for contact in most instances. You may also contact anyone from our Challenger Sports Committee: Ruth Vanoye 680-0122 (en Español), Becky Powell 694-0964, or Lisa Olivieri 696-0958.

STAFF: Program Coordinator, Stacey Young
Recreation Supervisor, David Hudspeth 764-3424

**COACHES/
INSTRUCTORS:** The Challenger Sports Committee will be providing volunteers to help run the program and teach skills to the individuals. This year Project Sunshine will be helping!

FUNDED BY: This program is primarily funded by the Children's Miracle Network/Brazos Valley.



CHALLENGER SPORTS

2004 ENTRY FORM



Please Fill Out Completely

☐ **BASKETBALL**

☐ **BOWLING**

☐ **SOCCER**

Fee \$5: ☐ **Check here if full scholarship is needed.**

Child's First Name: _____ Last: _____ Nickname: _____

Address: _____

City: _____ Zip: _____ Sex: Male Female

Age: _____ Birthdate: _____ School: _____

Both Parents' Name: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

Night Phone: _____ Other Phone: _____

Mom's email: _____ Dad's email: _____

Alternate Contact Name _____

Day Phone: _____ Night Phone: _____

Other Phone: _____ Email: _____

Special Requests: _____

T- Shirt Size: Youth Sizes S M L Adult Sizes S M L XL 2XL

In consideration of participation in the CMN Challenger Sports Series, we hereby waive and release any and all claims for damages we may have or that my minor child _____ may have against the City of College Station Parks and Recreation Department, for any and all injuries suffered to my child while participating or practicing. Additionally, I allow organizations affiliated with this program including the City of College Station to use photographs of my child participating in this program for advertising and promotional purposes, which may include print, television and/or the internet.

Parent/Guardian Signature _____ Date _____

WE NEED YOUR HELP!!! Please print your name below. A criminal background check is required for all coaches.

Please circle one:

Head coach Assistant Coach Buddy

Name: _____ T-shirt size: M L XL 2XL 3XL

Phone (1): _____ Phone (2): _____ E-mail: _____

Date of Birth (M/D/Y) _____ Gender: M F Drivers License #/State: _____

Please Complete Back Page!

THIS FORM WILL BE USED TO HELP THE CHALLENGER SPORTS COMMITTEE BETTER SERVE YOUR CHILD.
PLEASE COMPLETE ENTIRELY – CHECK ALL BOXES THAT APPLY. THANK YOU!

General Information

Full Name _____

Age _____

Ambulation

- ☐ Walks Assisted ☐ Walks Unassisted
- ☐ Walks Using (☐ Walker ☐ Crutches ☐ Braces)
- ☐ Wheelchair (☐ Manual ☐ Electric)
- ☐ Transfers (☐ Alone ☐ Needs Assistance)

Communication

- ☐ No Problems ☐ Non-Verbal ☐ Sign Language
- ☐ Limited abilities, but can communicate daily needs
- ☐ Communication Device _____

Vision ☐ Normal ☐ Limited ☐ Blind ☐ Glasses

Hearing

☐ Normal ☐ Deaf ☐ Hard of Hearing ☐ Hearing Aids

Behavior

- No Problems
- ☐ Problems Triggered by _____
- _____
- ☐ Positive Reinforces _____
- ☐ Discipline: ☐ Withhold Privileges
- ☐ Time Out (_____ minutes)
- ☐ Other: _____

Seizures

☐ None ☐ One or two as a small child

Type _____

Last one _____

Usual Frequency _____

Usual Duration _____

Pre-Seizure Activity _____

Triggered by _____

Medications _____

Chief Diagnosis (LIST ALL e.g. Seizures, Asthma, MR, CP, A.)

1. _____
2. _____
3. _____
4. _____
5. _____

Other Comments or Concerns:

I, _____, understand that my child, _____, may not participate in a Challenger Sports Program until his/her application is completely filled out. I understand that it is my responsibility as the parent/guardian to update my child's application as needed. All information submitted to the Challenger Sports Series would be kept confidential among the Challenger Sports Committee and the City of College Station's Program Staff.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____ Date _____